

IOWA DEPARTMENT OF HUMAN SERVICES

PERFORMANCE REPORT

Performance Results Achieved for
Fiscal Year 2014

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Message from the Director

It is my pleasure to present the Iowa Department of Human Services SFY14 Performance Report. As Iowa's safety-net agency, we help nearly 950,000 Iowans lead safer, healthier, and more independent lives. From the results found at the end of this report, I believe you will see that we are accomplishing this work in an ever more efficient and thorough manner.

We appreciate this measure of our work, and we hold ourselves accountable for continually improving results.

Sincerely,

Charles M. Palmer
Director

ACCOMPLISHMENTS

The department achieved results in several program and service delivery areas during FY14. A brief review:

- **Child Support Recovery Unit (CSRU).** CSRU is proud to be the recipient of two competitive 1115 demonstration grants awarded by the federal Office of Child Support Enforcement. The first project funded by these grants is "Mapping the Future of Paternity Establishment through GIS," which seeks to increase paternity establishment rates of children born out-of-wedlock in Iowa. The second project funded by these grants is entitled, "Reliable Employment And Child Support Help (REACH)," which provides for coordination of child support services with employment and fatherhood/parenting services to improve the financial well-being of children.
- **Differential Response (DR).** DHS was directed by the General Assembly to implement a DR System, two discrete pathways to respond to accepted allegations of child abuse and neglect, by January 1, 2014. The Department implemented DR on January 1, 2014, and continues to work with stakeholders to assess implementation. Ongoing efforts to assess include case reviews, data analysis, family, provider, and community feedback.

- **Program Integrity (PI).** For SFY14, the PI unit had savings of over \$49M. The increase of over \$8M from SFY13 is again largely attributed to the inclusion of the Affordable Care Act (ACA) required Federal Recovery Audit Contract (RAC) operated by the PI vendor. The fixed price PI contract savings performance of \$36.1M was realized in both cost avoidance and recoveries, while the RAC recovered \$13.3M for SFY14. The RAC activities include recovery of short stay hospital inpatient stays that should have been billed as outpatient observation stays, Diagnosis Related Group (DRG) validation and hospitals credit balance recoveries.
- **Mental Health and Disability Services Redesign.** DHS is proud of its role in implementing MHDS Redesign. DHS has worked successfully with legislators, stakeholders and individuals receiving services in guiding and supporting the redesign. The redesign will move the system from a county-based system to a regional-based system and put in place a set of core services statewide and focus on successful outcomes for individuals.
- **Access to Health Care Coverage.** More than 541,000 Iowans had access to health coverage through Medicaid and the Iowa Health and Wellness Plan at the end of SFY14. Nearly 59,000 children in Iowa had access to health coverage through Children's Health Insurance Program (CHIP) and *hawk-i* at the end of SFY14.
- **Dental Wellness Plan.** The Dental Wellness Plan launched May 1, 2014, and has served more than 26,600 low-income Iowans. There have been 41% completed risk assessments which can help identify potential issues before they become problems, and allow for less costly, preventative treatments. Good oral health can contribute to better overall health and lower system costs.
- **Food Assistance Program Integrity.** Iowa ranked third in the nation on selected case-related measures related to program integrity including low case and procedural error rates and timeliness of actions. As a result, in FFY14, the department was awarded a bonus of more than \$850,000 from the federal government.

AGENCY OVERVIEW

Mission

The mission of the Iowa Department of Human Services is to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state.

Core Functions

The Department of Human Services is a comprehensive human services agency coordinating, paying for, and/or providing a broad range of services to some of Iowa's most vulnerable citizens. We have grouped our services and programs into four core functions: economic support, healthcare and support services, adult and child protection, and resource management.

1. Economic Support

The purpose of this core function is to provide direct and indirect economic supports to needy families to assist them in having sufficient resources to meet basic needs for good health, safety, and consistency and continuity in their homes, work, and communities. Essential services include the Family Investment Program, Food Assistance, and Child Support Recovery.

Activities that occur within this core function include limited time (five-year lifetime limit) cash assistance for parents who agree to pursue specific steps for self-sufficiency, food assistance, employment and training opportunities (required for most FIP recipients), quality childcare (including regulation of in-home businesses and licensed centers), recovery of court-ordered payments from non-custodial parents to custodial parents, and refugee services.

Child Support Recovery operations are organized into four regions. The regions administer the program through 22 locations staffed by child support recovery, clerical and management staff. Child Support Recovery staff verify and establish paternity for unwed mothers, establish and modify child support obligations, and collect child support and medical support payments for children across Iowa.

2. Health Care and Support Services

The purpose of this core function is to provide for publicly funded child and adult health coverage and partnering with public and private entities to secure access to healthcare services. The DHS provides individual, community based and facility based health, mental health, and substance abuse treatment. There are several activities within this core function.

The Iowa Medicaid Enterprise serves individuals with low income who are aged, blind, disabled, pregnant, under the age of 21, or members of families with dependent children, so they can live healthy, stable, and self-sufficient lives. Approximately two-thirds of the funding for Medicaid is federal funds. The program includes services that are available for mandatory and optional eligibility groups. All states that operate a Medicaid program are required to serve the mandatory population groups as well as make the mandatory services available. Iowa's Medicaid program provides preventive, acute, and long-term care services using the same private and public providers as other third party payers in Iowa. One special focus of the program is expanding medically appropriate alternatives to long-term institutional care for the aged, disabled, mentally challenged, and for children.

Medicaid pays for a wide array of services, such as nursing facility services, hospitals, physicians and other medical providers, rural health clinics, mental health institutions and psychiatric hospitals, prescription drugs, home and community based services, ambulance services, kidney dialysis, hospice, dental care, medical supplies and durable medical equipment, and adult rehabilitation, targeted case management, optometry, podiatry, chiropractic and mental health services.

The ***hawk-i*** (Healthy and Well Kids in Iowa) program provides health care coverage to children whose family income is above Medicaid limits but who cannot afford health care coverage. ***hawk-i*** provides a comprehensive health care benefits package including physician services, hospitalization, prescription drugs, immunizations, dental care and vision care. New in SFY10 – a dental only program, the first in the nation.

The DHS Targeted Case Management services are offered to counties. Counties may elect to use the DHS or contract to provide services themselves. Targeted Case Management helps coordinate and manage services for people who have a diagnosis of chronic mental illness, intellectual or developmental disabilities, or brain injury and be eligible for Medicaid.

The DHS administers mental health institutes at Cherokee, Clarinda, Independence, and Mt. Pleasant. The DHS serves adults and children in need of psychiatric care, adults in need of substance abuse treatment services, and adults needing long-term geropsychiatric services. A wide range of services that work and coordinate with community-based services across Iowa is available.

Civil Commitment Unit for Sexual Offenders (CCUSO) provides long-term treatment for sexually violent predators in a highly structured setting. Patients have completed their prison term and have been civilly committed to the unit. CCUSO serves approximately 100 patients.

Glenwood Resource Center and Woodward Resource Center provide care for people with intellectual disabilities. Most people have profound intellectual disabilities and many have life-threatening seizure and swallowing disorders. Both facilities provide a wide range of services including diagnostic evaluation, treatment, training, care, habilitation, a time-limited assessment program, and community based services through the Medicaid Home and Community Based Waiver program. As community resources become available, the number served at the resource centers has declined steadily and will continue to decline.

3. Child and Adult Protection

The purpose of this core function is to provide an array of services and support assistance to strengthen families and communities to increase the likelihood that children and adults are safe, healthy, and have consistency and continuity in their lives. Services include child and dependent adult protective services, community based prevention and support services, foster care, family centered services, family preservation services, adoption, group care, residential treatment, independent living for youth age 16 and older, shelter care, childcare services, and facility-based care for delinquent youth. Activities provided in support of these services include

funding for medical exams conducted during child abuse assessments, a 24-hour child abuse hotline, mandatory abuse reporter training, child welfare training, foster and adoptive parent recruitment and training.

The State Training School at Eldora provides a range of specialized and highly structured substance abuse, physical, mental, and behavioral health intervention services for the most troubled youth in the State of Iowa. The State Training School provides individualized care and treatment and educational services including special education and vocational programs.

On December 9, 2013, the Director announced that all of the 21 remaining children at the Iowa Juvenile Home at Toledo would be placed in appropriate alternative services settings. This decision was based on the recommendations from the Iowa Juvenile Home Protection Task Force. Services were no longer provided at the Iowa Juvenile Home as of January 17, 2014.

4. Resource Management

The purpose of this core function, also known as general administration, is to provide leadership to manage and support delivery of quality services to Iowa's citizens. Following a SFY10 reorganization, general administration divisions include Mental Health and Disability Services; Field; Adult, Child and Family Services; Medical Services; Fiscal Management; and Data Management.

General administration is the underlying infrastructure that supports all other functions of the Department. This DHS team works to:

- Ensure policy and program are compliant with federal and state regulations;
- Ensure sound stewardship of State resources;
- Position the Department to leverage and maximize federal funding;
- Track and measure results achieved, and;
- Implement technology improvements to create improvements in accuracy and efficiency.

In addition to the Field Policy and Program staff, Field Operations staff directly and indirectly support the delivery of the Department's services to Iowans.

Field Operations is composed of five service areas with staff who provide child protection, child welfare, and eligibility determination for income/economic support and maintenance programs, including Medicaid, food assistance, Family Investment Program, childcare assistance,

and childcare registration and licensure. A sixth centralized service area was added in FY10. Its duties are to coordinate services at customer service centers, including new statewide centralized intake unit to evaluate complaints of abuse or neglect.

The regional service areas administer and deliver the programs and services through 104 field offices staffed by social work, income maintenance, clerical, and management staff. About a third of the field offices operate on a full-time basis, with others open by appointment only.

The primary function of social work staff is child protection and safety. After the intake unit assigns an assessment, social work assessors determine if abuse has occurred. They also address safety needs by the provision of in-home or out-of-home services purchased from community-based private contractors. Services help to keep families intact or result in the pursuit of the termination of parental rights and subsequent placement of children in the homes of relatives or through adoption.

Income maintenance workers determine eligibility for access to programs and services for families who need assistance in meeting basic needs for food, clothing, shelter, and medical care. Staff determine eligibility for the Family Investment Program, Food Assistance, Medical Services (Medicaid Title XIX), and Childcare Assistance. Income maintenance staff interview clients, verify the economic situation and service needs, determine benefit eligibility, and make program referrals.

With reorganization in FY10, the Child Support Recovery Unit is a division of Field Services.

General Administration provides support and technical assistance agency-wide to field operations, child support recovery, targeted case management and state institutions, as well as numerous external customers and stakeholders including:

- Program and service development and management, such as administrative rules, policy development, standards of care, and manual development.
- Quality assurance and improvement efforts through identification of best practices and evidence-based practice.
- Financial management, including accounting, budget preparation and monitoring.

- Corporate management and leadership such as performance measurement and management, information technology and data management, and administrative support services, such as quality control for food assistance and Medicaid, and quality assurance and improvement.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Food Assistance (FA) and Food Assistance Employment and Training (FAET) Program

Description: Provides federal assistance to low-income individuals and families to purchase food, nonalcoholic beverages, and ingredients to prepare food through an Electronic Benefit Transfer swipe card. Through the Food Assistance Employment and Training (FAET) program, job seeking skills training and employment assistance are provided to people receiving food assistance who do not receive cash assistance under the Family Investment Program (FIP). The FAET program is offered in 15 counties under a contract with Iowa Workforce Development. Federal law requires a state have an FAET program if a state has a Food Assistance program.

Why we are doing this: Food Assistance prevents hunger and helps families meet their basic nutritional needs and increases the family's nutritional levels. Preventing hunger is one of the building blocks in all of social service. It doesn't solve all of a family's problems, but other problems are more manageable if hunger is not an issue. Many people receiving Food Assistance are on fixed incomes. Food Assistance allows seniors to not have to make the difficult choice between buying food or prescription drugs. Approximately half of the Food Assistance beneficiaries are children. In addition, the Food Assistance program stimulates the economy for the benefit of all Iowans. The U.S. Department of Agriculture has estimated that every \$5 in Food Assistance generates \$9.20 in local and state economic activity. The Food Assistance Program brought \$550.7M of direct benefits into Iowa in SFY14, a 6.9% decrease from SFY13.

What we're doing to achieve results: Recognizing that many eligible Iowans were not receiving Food Assistance, DHS established an aggressive growth target. Along with that target, several initiatives were implemented. We began issuing Food Assistance through an electronic benefit transfer (EBT) card, reducing the stigma of the program and increasing convenience for clients. We reduced the frequency that clients are required to report changes in income and began to base eligibility on an estimate of their future income. This simplified program reporting and reduced the burden on clients and staff, making the program more attractive and convenient. DHS also participated in a National Media Campaign sponsored by our federal partners at the Department of Agriculture (USDA) and conducted intense outreach efforts. We simplified the application for Food Assistance and do most interviews over the phone.

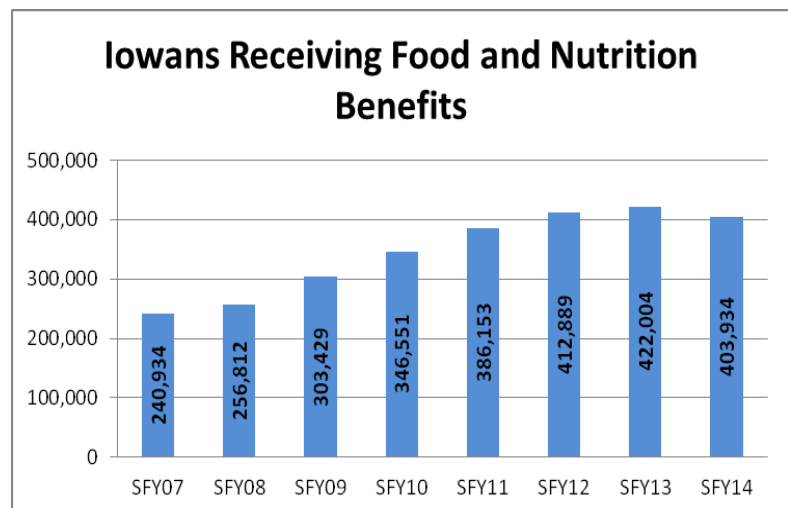
Results

Performance Measure:

Number of Iowans receiving Food and Nutrition Assistance.

Performance Goal/Target:

422,004 by June 2014



What was achieved: At the end of SFY14, 18,070 less Iowans were receiving Food Assistance than in SFY13, for a total of 403,934 Iowans.

Data Sources: DHS IABC system, F-1 Report – “Food Assistance Program State Summary” produced by the Division of Data Management and the Division of Financial, Health, and Work Supports.

Resources: The Food Assistance Program is 100% federally funded. It brought \$550.7M into Iowa in SFY14.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Child Welfare In-home Services

Description: Provides funding for an array of in-home services and supports to families in which there has been a founded and confirmed high-risk child abuse assessment. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide case management, while providers deliver direct services under contract with DHS.

Why we are doing this: Children are dependent on parents safely caring for them, and the state role is to assist families who are in need of help to meet the safety needs of their child.

What we're doing to achieve results: In order to focus on improving outcomes for families, the department has undertaken a redesign of child welfare services. Through the redesign process, resources were focused on providing training to front-line staff and supervisors as well as providing counseling and support to families to improve parenting skills. Standardized abuse assessment tools have been developed and training is provided to staff in the best practice approach to using the tools. A quality assurance and continuous improvement initiative has been implemented to evaluate best-practices and maintain a focus on outcomes.

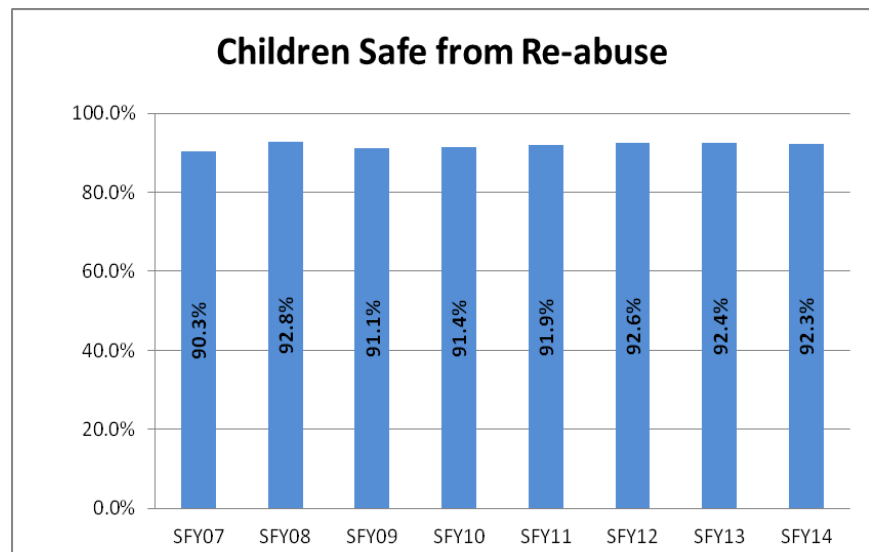
Results

Performance Measure:

Percent of children who have not been re-abused within six months of a prior abuse.

Performance Goal/Target:

92% target



What was achieved: 92.3% of children did not experience re-abuse for at least six months following a previous occurrence. This measure is an indicator of the safety of children and the effectiveness of communities, providers and the department working together to ensure child safety from repeat abuse. This measure is a required measure under the federal child and family services review requirement conducted of all states, providing the ability for some basis of comparability of state systems. Though somewhat comparable amongst states, results in each state are impacted by the individual laws of each state which determine what is defined and counted as abuse and re-abuse.

Data Sources: State Child Welfare Information System (CWIS), DHS STAR, and FACS subsystem.

Resources: A combination of State general funds, federal matching funds, and grants are used to support child protection and safety efforts in Iowa.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

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Why we are doing this: Children are dependent on parents safely caring for them, and the state role is to assist families who are in need of help to meet the safety needs of their child.

What we're doing to achieve results: The department uses several strategies to assess the both the needs and strengths of each family, and to work with the family to develop supports and services which meet the shared goals of children living safely in the family home. Trial home visits smooth the transition from foster care to the child's home. Addressing the underlying issues that resulted in the child's removal from the home and helping the child and parents become better prepared and more confident to address further issues in the family prepare both the child and the family for reunification. Family Team Decision Making meetings develop community-based supports that will be available to the family after formal services end. The Department has pursued community partnerships to prevent child abuse statewide.

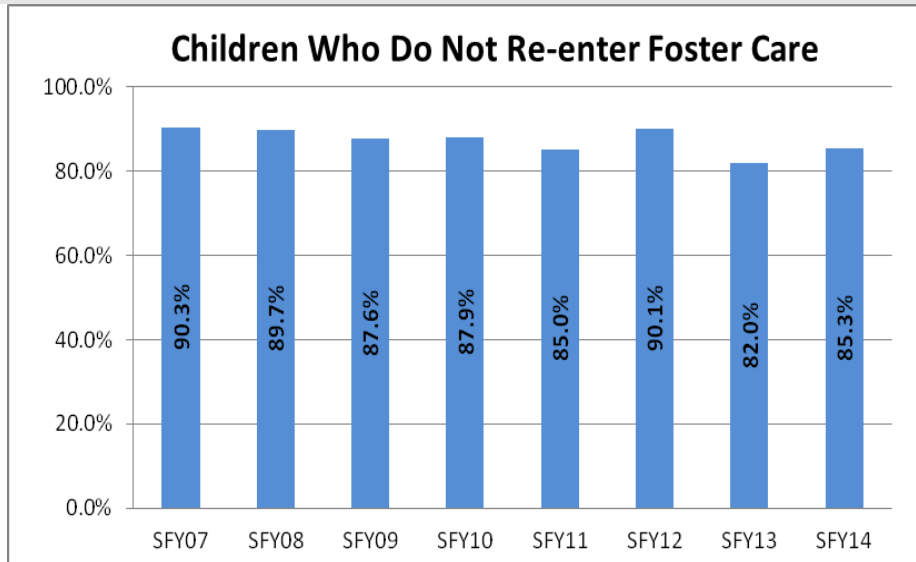
Results

Performance Measure:

Percent of children who do not re-enter foster care within 12 months of their last foster care episode.

Performance Goal/Target:

90.7%



What was achieved: 85.3% of children did not re-enter foster care within twelve months of their last foster care episode. This demonstrates stability and safety from neglect or abuse following reunification after placement outside of the home.

Data Sources: DHS STAR and FACS System

Resources: State funds and federal funds are used to support the efforts to improve child safety in Iowa. These funds support direct services of state staff intervening directly with families, the services purchased by the state from child serving agencies, and community based supports developed to support those efforts.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Children's Health Insurance Program (CHIP)

Description: The CHIP program expands Medicaid to 167% of the Federal Poverty Level (FPL) for children and provides **hawk-i** to children up to 302% of the FPL. Under **hawk-i**, health and dental coverage is provided to children who live in families who have too much income to qualify for Medicaid, but who do not have health care coverage. Eligible children are under the age of 19, have no health insurance and do not qualify for Medicaid, meet citizenship and immigration requirements, and live in a family whose countable gross income is not more than 302% of the FPL. Effective March 1, 2010, the **hawk-i** Dental-Only Program was implemented to provide preventive and restorative dental care, including medically necessary orthodontia, to children who do not otherwise qualify for **hawk-i** because they have health insurance coverage. The dental-only program covers eligible children whose family's countable gross income is not more than 302% of the FPL.

Why we are doing this: To reduce the number of uninsured Iowa children. Access to health and dental care improves health, wellness, and quality of life. Healthy children are able to attend school, learn, grow, develop healthy lifestyles, and become productive adults. Iowa provides public health insurance to children (38,200 for **hawk-i** and 3,291 for dental-only and 27,621 for Medicaid expansion, including those children funded by Title XIX funds). The **hawk-i** program provides health care coverage to children in families at or below 302% of the Federal Poverty level who are uninsured and not eligible for Medicaid. This program helps fill the gap for children who do not qualify for Medicaid and who have no health insurance coverage.

What we're doing to achieve results: The department continues to conduct grassroots outreach activities through a contract with the Department of Public Health as well as working cooperatively with schools, medical providers, businesses, faith-based organizations and other entities in contact with families and children. The Department has developed an automated referral system from Medicaid that has resulted in more referrals to **hawk-i**. Training is being provided across DHS emphasizing the importance of referring children to **hawk-i** when they are identified as not being eligible for or lose their eligibility for Medicaid. The **hawk-i** program also provides awareness and makes referrals to Medicaid services.

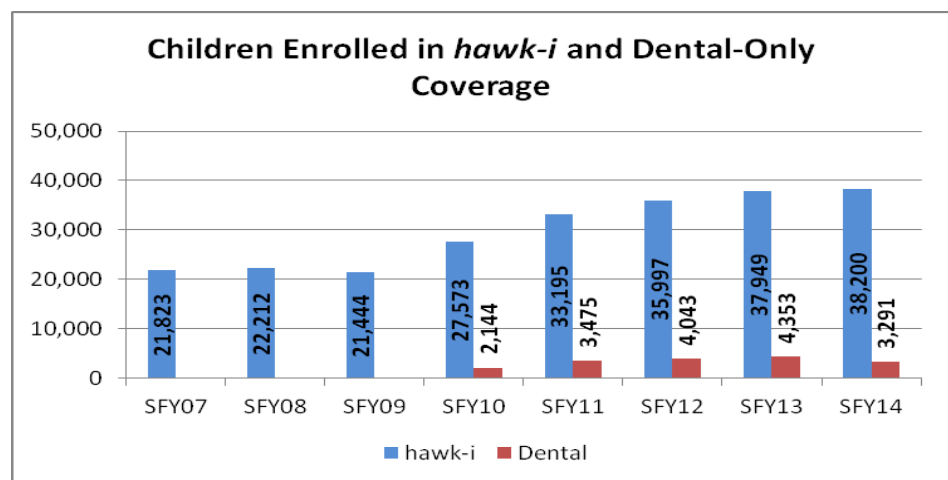
Results

Performance Measure:

Number of children who are enrolled in **hawk-i** and dental-only coverage is a monthly count of children enrolled on the last day of each month.

Performance Goal/Target:

hawk-i 43,178



What was achieved: **hawk-i** insured 38,200 children for hawk-i and 3,291 for Dental only.

Data Sources: "Monthly Log Demographic Reports", Iowa Medicaid Enterprise, Bureau of Adult and Children's Medical Program through a contract with **hawk-i** Project Office.

Resources: This activity is funded with federal funds (approximately 71%), state general fund appropriations (approximately 29%), and some enrollee cost-sharing. Total state expenditures for SFY14 for CHIP were \$40,860,857. Of this, \$30,917,709 was expended for the **hawk-i** program.

KEY RESULT

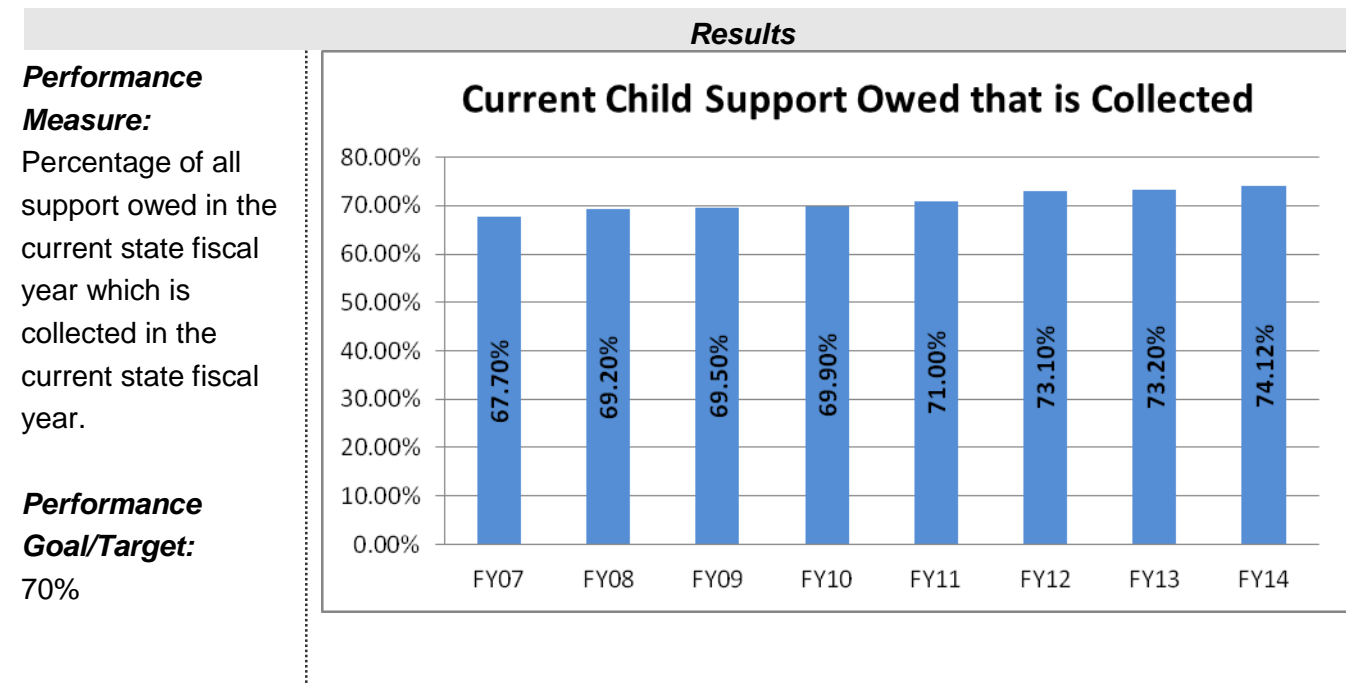
SERVICE/ PRODUCT/ ACTIVITY

Name: Child Support Recovery

Description: Provide services to establish paternity and support orders, so there is a legal duty for both parents to provide for their children. Enforce the obligation to provide ongoing support for custodial parents and children. In SFY14, CSRU processed nearly 3 million payments and served over 623,843 parents and children.

Why we are doing this: Current child support collected in the month it is due helps families have predictable income to use for the needs of the children. It also helps families avoid the need for public assistance.

What we're doing to achieve results: Child support locates absent parents, secures income withholding orders, and in the case of non-paying obligors offsets tax refunds, applies license sanctions, and levies bank accounts. Another strategy being used to improve collections is to identify the most effective way to work interstate cases. Child support also studies performance each month.



What was achieved: Child support collected 74.12% of current year support owed during FY14, providing for a more financially stable home environment for families dependent upon child support. \$325.7M was collected.

Data Sources: Child Support Recovery Unit

Resources: This activity, as well as other activities, was funded by the general fund appropriation.

KEY RESULT

Name: Iowa Medicaid Preferred Drug List (PDL) Program

Description:

A Preferred Drug List (PDL) is a list comprised of preferred and nonpreferred drugs recommended to the Iowa Department of Human Services by the Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee. Preferred drugs have been identified as therapeutically equivalent to other drugs within a drug class and a cost benefit to the Medicaid program. While all drugs on the PDL are available, nonpreferred drugs require prior authorization (PA) in order for reimbursement to occur.

Why we are doing this: The implementation of the Preferred Drug List and the receipt of supplemental drug rebates from drug manufacturers have played a critical role in containing the costs of prescription drugs in the Iowa Medicaid program. In SFY 2005, with the PDL in effect for six months, the drug expenditures were \$407.8M, representing a 14% annual increase. After accounting for the supplemental rebates (\$9M), this net annual increase in SFY 2005 was reduced to 11.5%.

The following chart includes drug expenditures for each SFY and supplemental rebates received:

SFY	Drug Expenditures	Supplemental Rebates
2005	\$407.8M	\$9M (for 6 months only)
2006	\$332.4M	\$16M
2007	\$235M	\$14.1M
2008	\$232.9M	\$13.8M
2009	\$248.8M	\$14.7M
2010	\$252.2M	\$14.9M
2011	\$260.9M	\$12.8M
2012	\$280.7M	\$18M
2013	\$265.5M	\$14.1M
2014	\$263.5M	\$12.6M

What we're doing to achieve results: DHS implemented a Preferred Drug List and negotiated for Supplemental Rebates beginning January 2005. In 2006, the Department collaborated in the creation of the Sovereign States Drug Consortium, a multi-state drug pool. Since its inception, this drug pool, authorized by the federal government, has allowed the state to obtain better supplemental rebates. The federal Medicare Part D drug program shifted drug costs out of the Iowa Medicaid program for dually eligible Medicaid members to the federal Medicare program, resulting in a reduction of expenditures from 2006 to 2007.

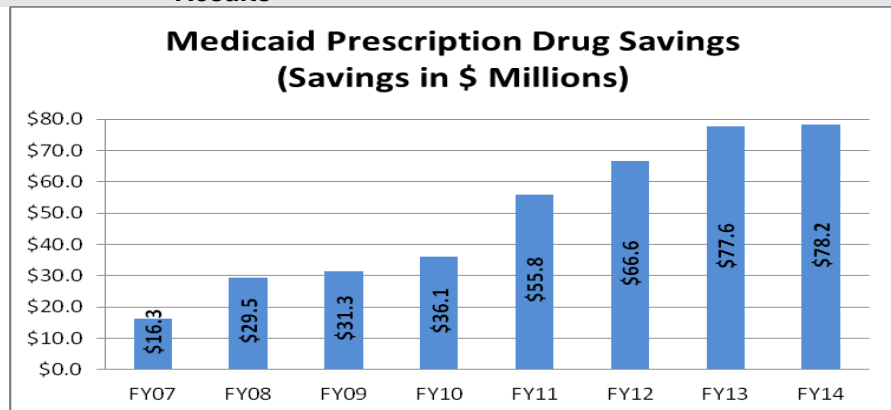
Results

Performance Measure:

State Dollars saved through the Pharmaceutical Preferred Drug List (Iowa Medicaid) Program

Performance Goal/Target:

\$87.5 Million



What was achieved: \$78.2M in state dollars were saved through the Preferred Drug List and an additional \$109.4M in Federal dollars for a total of \$187.6M in pharmaceutical savings in SFY14.

Data Sources: Iowa Medicaid Enterprise

Resources: State and Federal dollars are used to pay for Medicaid eligible services and benefits.

KEY RESULT

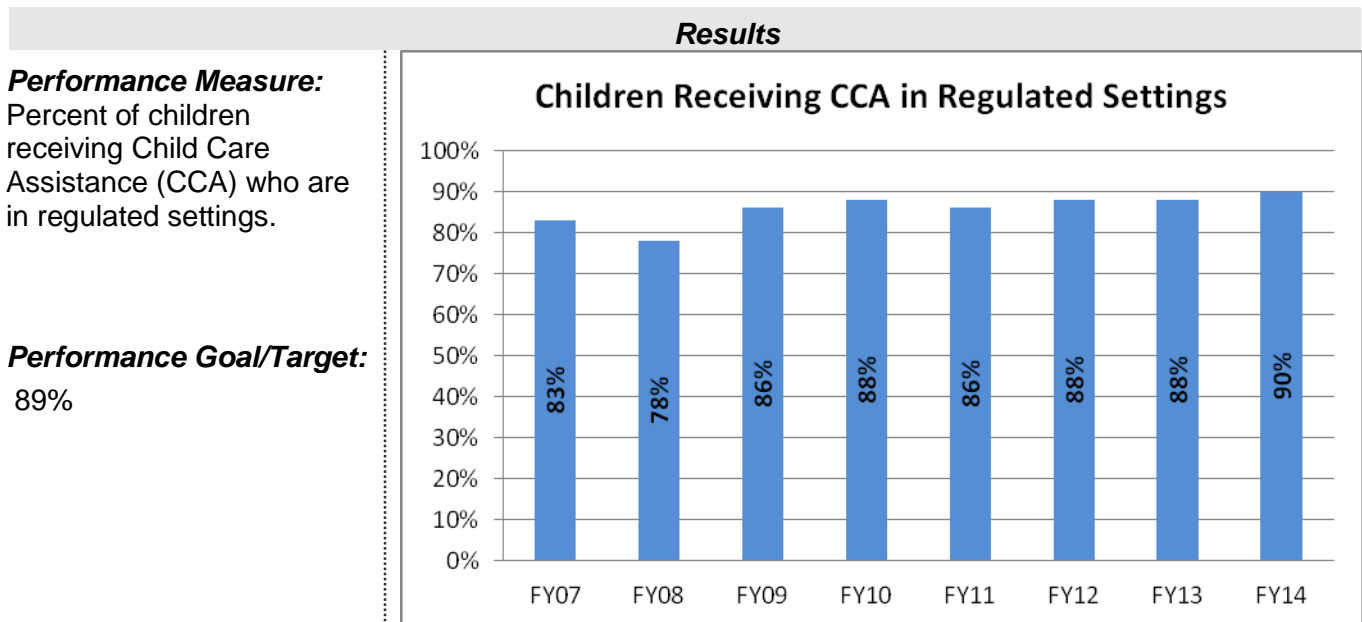
SERVICE/ PRODUCT/ ACTIVITY

Name: Child Care Assistance

Description: Provides funding for child care for 22,622 children of low-income parents who are working at least 28 hours per week, in school full-time, or are working and in school for a combined minimum of 28 hours per week.

Why we are doing this: Providing funding for child care services enables families to meet their goals for self-sufficiency and offers opportunities for their children to be in safe and quality early learning environments.

What we're doing to achieve results: Child care assistance pays providers on behalf of low-income parents who are working or in school to help defray the cost of child care in a regulated setting. The DHS website maintains a list of registered and licensed child care providers, aiding parents in locating safe and regulated environments for their children to stay.



What was achieved: Regulated child care environments provide safe and monitored environments for children. 90% of children receiving child care assistance in SFY14 received that child care in regulated settings.

Data Sources: DHS DCPD and the Kindertrack system.

Resources: \$52,177,070 state and \$53,061,626 federal dollars were spent on subsidized child care in SFY14.

KEY RESULT

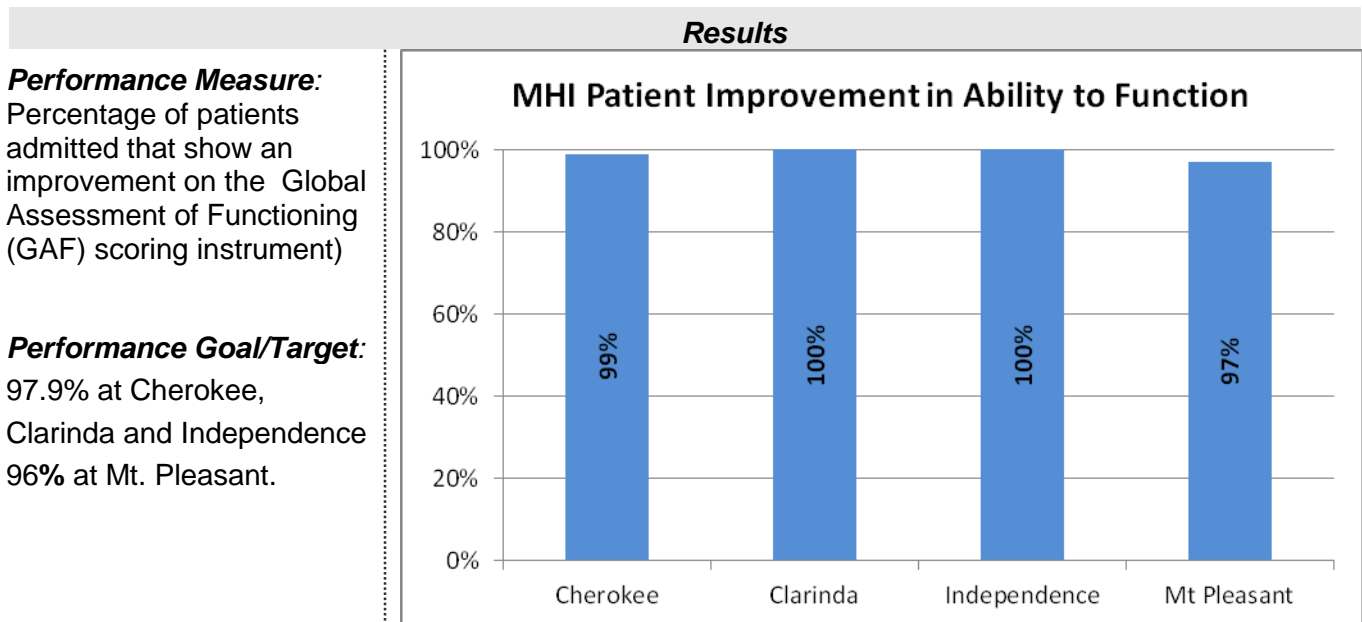
SERVICE/ PRODUCT/ ACTIVITY

Name: MHIs – Improvement of MHI patients' ability to function. (Cherokee, Clarinda, Independence, Mount Pleasant)

Description: Measures the percentage of patients admitted that show an improvement in their ability to function.

Why we are doing this: Mental health services provided at the MHIs are designed to stabilize a patient's condition and improve their ability to function to enable them to successfully live outside an institution in the community.

What we're doing to achieve results: The MHIs provide a variety of programs of behavioral care such as acute psychiatric care at all four facilities, acute services for patients with a dual diagnosis of substance abuse and mental illness at Mount Pleasant MHI, substance abuse treatment at Mount Pleasant, geropsychiatric services for elderly patients with a serious mental illness at Clarinda, sub-acute care in a Psychiatric Medical Institution for Children (PMIC) level of care at Independence. All four facilities continue to meet requirements for certification by the Department of Inspections and Appeals and survey standards used by the Federal Centers for Medicare & Medicaid Services. Independence and Cherokee are accredited by The Joint Commission. The accreditation process provides the facilities a rigorous and structured outside review of their policies and practices.



What was achieved: All of the Mental Health Institutes attained the goal in one or more program areas. The individual performances were: 99% at Cherokee MHI, 100% at Clarinda Psychiatric Program, 100% at Independence Psychiatric Program, 100% at Independence Psychiatric Medical Institution for Children, and 90% at Mount Pleasant Psychiatric Program and 98% at Mount Pleasant Dual Diagnosis Program.

Data Sources: Cherokee MHI, Clarinda MHI, Independence MHI, Mount Pleasant MHI.

Resources: The SFY14 state appropriation of \$50,326,036 to the four Mental Health Institutes.

KEY RESULT

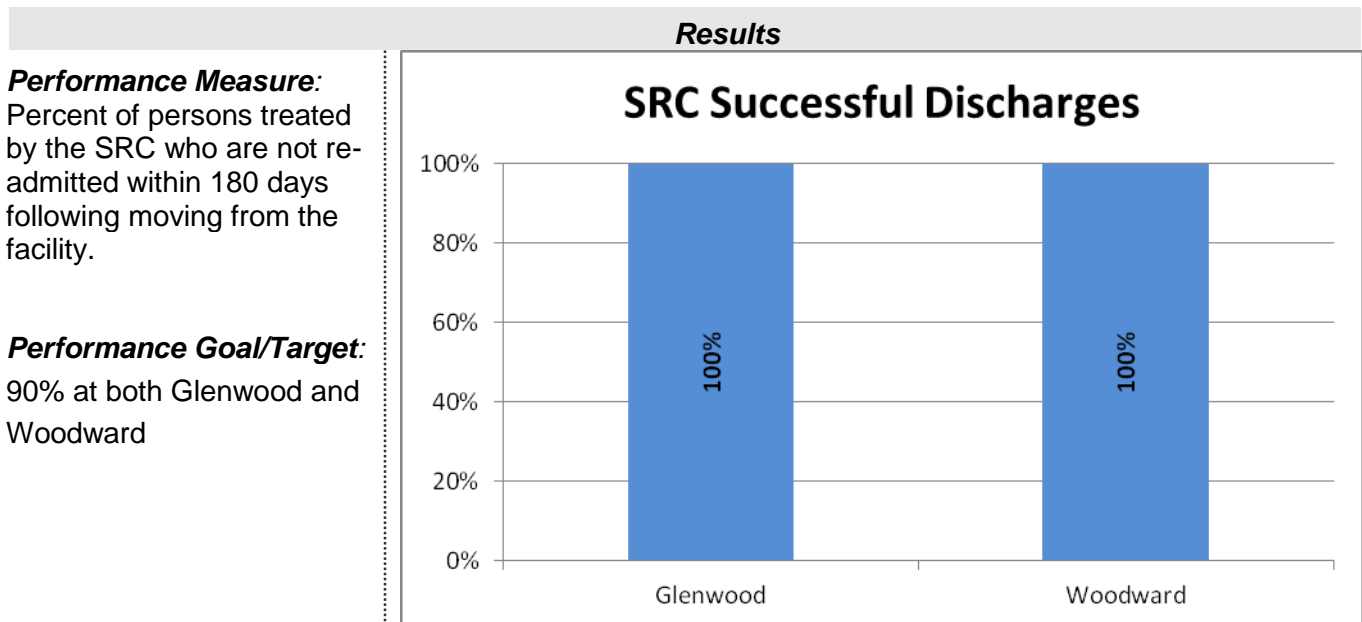
SERVICE/ PRODUCT/ ACTIVITY

Name: SRCs – Improve readmission rate of persons receiving treatment at SRCs (Glenwood and Woodward)

Description: Measures the percentage of individuals that do not return to an SRC within 180 days of discharge.

Why we are doing this: The State Resource Centers at Woodward and Glenwood serve persons of all ages who have intellectual or other developmental disabilities. Nearly all of the residents at the Resource Centers have been denied admission to community-based providers of this level of care. The goal is to provide a variety of treatment and outreach services to people with intellectual or other developmental disabilities, and to assist residents to return to their communities.

What we're doing to achieve results: State Resource Centers are working with community-based programs and are developing outplacement plans that address the individualized needs of each person.



What was achieved: Both Glenwood and Woodward had a transition rate of 100%.

Data Sources: Glenwood and Woodward SRCs.

Resources: The state appropriation to the two State Resource Centers totaled \$34,494,935 for SFY14.

KEY RESULT

SERVICE/ PRODUCT/ ACTIVITY

Name: Targeted Case Management

Description: DHS Targeted Case Management (TCM) is designed to ensure the health, safety, and overall welfare of our consumers. TCM currently serves consumers with intellectual disability, developmental disabilities, and brain injuries. TCM offers a wide range of services to provide all the appropriate supports needed to be successful in the home and community setting. DHS TCM operates as a Medicaid provider that receives no appropriated funds.

Why we are doing this: Targeted case management focuses on the consumer's strengths, interests, abilities, and competencies. The service involves the consumer, families, guardians, and other professionals and agencies in identifying, developing, implementing and monitoring a comprehensive outcomes achievement plan for the consumer. Case managers help consumers gain access to appropriate living conditions, needed medical services, and interrelated social, vocational, and educational services.

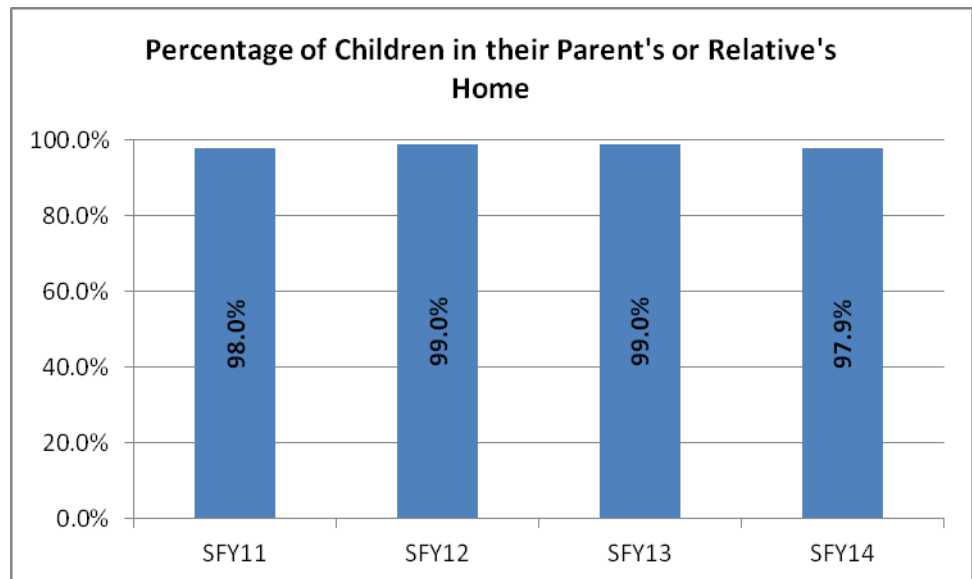
What we're doing to achieve results: A targeted case manager plans, coordinates, and monitors services of other providers. The targeted case manager acts as an advocate to link consumers to service agencies and support systems responsible for providing the necessary direct services.

Results

Performance Measure:

Percentage of the children served by TCM that live in their parents, legal guardian or a relative's home.

Performance Goal/Target:
90%



What was achieved: An average of 97.9% of children served by TCM were served in their own home or in the home of an immediate relative, exceeding the target by 7.9 percentage points.

Data Sources: Consumer assessment data from the case management consumer database.

Resources: Service provided to children in SFY14 was 57.93% Federally funded and 41.65% State funded.

Note: Effective January 2015, TCM will no longer serve children with serious emotional disabilities or adults that are chronically mentally ill due to their transition into Integrated Health Homes. Therefore, this is the last year for this particular measurement.

Agency Contacts

Copies of the Department of Human Services' Performance Report are available on the DHS website at <http://www.resultsiowa.org/humansvs.html> . Copies of the report can also be obtained by contacting Amy McCoy at 515-281-4848. The Department of Human Services' website is <http://dhs.state.ia.us> .

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